

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18720

1. Entity Name

AMURCON DEVELOPMENT GROUP, LTD.

FILED

00 MAY 22 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD MI 48076 | Mailing Address 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD MI 48076-1361 |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | | | |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 38-2582426 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

MARTIN, WILLIE M.
4854 FISHERMAN'S DRIVE
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$150.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | 851503 AMURCON CORPORATION 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD MI 48076 |
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13. ADDRESS CHANGES ONLY

| | |
|-----------------|--------------------------------------------------------|
| STREET ADDRESS | 100003299461--7 |
| CITY - ST - ZIP | -06/21/00--01086--019 ****141.25 ****141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Signature* **4-14-00** **248-646-0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C.F. 00319(3/01)